

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH

N^o 57904

DIVISION OF VITAL STATISTICS

COPY OF RECORD OF DEATH

I, the undersigned, hereby certify that I am the Secretary of the Commonwealth of Massachusetts; that as such I have the custody of the records of death required by law to be kept in my office; that among such records is one relating to the death of

JAMES H. WARD

and that the following is a true copy of so much of said record as relates to said death, namely:---

Name		<u>JAMES H. WARD</u>	
Date of Death		<u>JUNE 4, 1886</u>	
Place of Death		<u>BOSTON, MASS</u>	
Residence at time of Death		<u>43 CHERRY ST, BOSTON</u>	
Sex	<u>M</u>	Color	<u>W</u>
Husband or Wife of		Single, Mar., Wid. or Div. <u>SINGLE</u>	
		If veteran, specify war	
Age	<u>32 YEARS</u>	Occupation	<u>BROOM DEALER</u>
Birthplace		<u>BOSTON, MASS</u>	
Immediate Cause of Death		<u>PHTHISIS</u>	
Due to	- - - - -		
Due to	- - - - -		
FATHER		MOTHER	
Full Name	<u>PATRICK - - - -</u>	Maiden Name	<u>MARY - - - -</u>
Birthplace	<u>IRELAND</u>	Birthplace	<u>IRELAND</u>
Date of Record	<u>1886</u>	Place of Burial	<u>BOSTON</u>